

THE
AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

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THE AMERICAN PRACTITIONER.

NOVEMBER, 1876.

Certainly it is excellent discipline for an author to feel that he must say all that he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

SPECIALISM IN MEDICINE.*

BY E. D. FORÉE, M. D.

*Professor of Diseases peculiar to Women in the Hospital College of Medicine,
Louisville, Ky.*

In the organization of the medical department of Central University, the chair of diseases peculiar to women was established, and he who now addresses you was designated for the place. By this appointment and its acceptance I have become, in fashionable parlance, a specialist. Being so recognized and acknowledged, I shall claim the privilege inherent to the position of using the time allotted to this, our first interview, of offering a few thoughts upon medical specialism, which is now prevalent and rapidly increasing.

You will learn, as you progress in the profession, that *Fashion*, that inexorable tyrant, extends its sway over medicine to a more presumptive limit than over any other science,

*From a lecture delivered by Dr. E. D. Forée, before the class inaugurating his annual course of instructions, September 21, 1876.

excepting, perhaps, the social science alone; and that he who runs counter to it does so at his personal hazard, and may be chargeable with undue temerity. Nevertheless, having become convinced, by ample observation, that the fashion of splitting up the art of medicine into innumerable parts is fraught with mischief to the people, is subversive of the interests of the physician, and retards the progress of the science itself, I shall venture to discuss it in its various bearings.

Specialism in medicine is the outgrowth of the half century just ending. Prior to that there was no division of practice, except into the two great branches of surgery and general practice; and these even were so intimately blended that it was only as a medical man of general and thorough acquirement betrayed the greater aptitude and skill for either branch did he become a devotee to medicine or surgery. For example, our own Physic having made himself a finished anatomist and physiologist, and having learned well the rudiments of all other departments, then by a ripe clinical experience, running through many years, having won distinction in both medicine and surgery, yet excelling in the latter he had surgical practice thrust upon him to such an extent that he had no time to give to other departments of practice. In this way he became a practitioner of surgery alone.

Dr. Gross, who by general consent is styled the Nestor of American surgery, whom we in our city delight to honor, and whose name is familiar to enlightened physicians everywhere, was an assiduous student of general medicine; anatomy, physiology, pathology, therapeutics, histology, indeed all of elementary medicine alike, engaged his earnest attention. Then he sought clinical experience in every department of practice; and not till after he was forty years old, and had accumulated a large experience in the art of recognizing and treating all classes of disease, did he become an exclusive practitioner of surgery.

Simpson, of Edinburgh, having become learned in every branch of medical science and obtained a large clinical experience in both hospital and private practice, was appointed Pro-

fessor of Obstetrics in the University of Edinburgh. This accident gave the direction of his great mind to the study of the diseases of women. Very soon his achievements in this direction were found to be so grand, and gynecological practice accumulated upon him so largely, that he was compelled to become an exclusive practitioner—a specialist.

In like manner Hewitt, Barnes, Spencer Wells, and others, of Great Britain, Sims, Emmet, Thomas, Peaslee, and many others, of our eastern seaboard, have been driven into specialism. So also did our own lamented Miller, after having acquired a most thorough knowledge of the whole science, and a rich clinical experience in general practice, become a specialist, not by choice but because it was thrust upon him.

Ricord, of Paris, whose education and enlarged observation of diseases qualified him for any and all branches of practice, became a specialist because his saloons were so crowded with subjects of venereal diseases that he had not a moment for any other practice.

Civiale, of Paris, and Sir Henry Thompson, of London, both ripe medical scholars and replete with general experience, became, after they had each reached the zenith of their manhood, the practitioners of their specialty.

Von Gräfe, Bader, Schalber, Stellwag, Politzer, Sichel, Toynbee, Carter and Wilde, of Europe, Agnew, Jeffries, Williams, Loring and Roosa, of our own country—all distinguished for their thoroughness in all departments of medical learning, and having had extensive and enlightened clinical experience, gained deservedly high reputations as ophthalmologists or aurists, or both—devoted themselves especially to diseases of the eye and ear. So I might mention a host of others who are working in special fields, and who are accomplishing great good for medicine and for the public.

Of this class of specialists I can not speak in too high commendation. In them we have many of the most renowned members of our profession, and persons who have contributed most liberally to the progress of our science. They are men who have grown into specialties through great mental train-

ing, who have become proficient in all medical learning, and though found in devotion to diseases of a single organ, or of one set of organs, would be fully competent to investigate and treat almost all the diseases to which our frail forms are liable. It is the success of such men which has awakened the ambition of some and aroused the cupidity of others, and thus become the origin of, and the impetus to, the prevalent and increasing fashion of the day to divide the practice of medicine, aye, not merely the practice but unfortunately the study of medicine also, into infinitesimal parts. Men, seeing the reputations made and the large honorariums gained by such distinguished exclusivists, are led into the effort to become specialists also, and that with but little *study*, no personal aptitude, and with scant underlying acquirement. They enter the offices of specialists, with the avowed purpose of pursuing a single branch of medicine; the private training is with that one object in view, and when in medical institutions this single idea is still dominant. They give but little heed to the instructions of the school save to those which have a direct relation with their chosen field, or at the most strive to obtain only so much knowledge of the general science as will let them through the too lax gates of the colleges, and insure to them an illy-earned doctorate.

This is, in few words, the history of a large number of men who are now in their offices claiming to be endowed with wondrous knowledge, and the highest skill in the art of mending eyes, restoring lost audition, healing rectums, cutting, slashing and burning wombs, giving fecundity to the barren, and instruction to prevent excessive fruition; and of others who claim the power to cure all skin diseases from leprosy down to right up the nasal and laryngeal cavities, whatever their diseases, and so on. They do not publish their claims in newspapers or circulars, as do their cousins, the quacks; but they whisper them in great confidence to the Betsey Malones, Sairey Gamps, and the street tattlers of the male sex, who not merely tell them to all persons whom they meet, and send word to the balance of mankind, but crowd the ante-

rooms and slyly exhibit themselves as living examples of the miraculous cures their favorite specialists can accomplish.

Another and a higher dodge is to get up long papers composed of the opinions and teachings of the able masters in their line, but so grooving and dove-tailing them together as to make a handsome and finished mosaic. These they publish as their own, thus to advertise themselves and bring custom to their doors.

This is the kind of specialism and such the specialists against which and whom I beg, in the interest of true science, to enter my solemn protest, and urge you, gentlemen, to hold in absolute abhorrence. It is this class of specialists which misleads the people and gives extent and permanency to a baneful fashion.

In our larger cities it is now not uncommon for a single individual to have half a dozen doctors, every doctor restricted to his own peculiar sphere. It is Dr. Barnes, I believe, who tells an anecdote to about this effect: A lady, seeking his advice, told him when he was making inquiry about her circulation, that he need not mind that; Dr. A. had her heart; Dr. B. took care of her lungs; Dr. C. looked after her eyes; Dr. D. did her general practice, and she wished to place her genitals only in his charge. The Doctor facetiously adds that he was curious to know to whom her umbilicus would be committed. This picture is no exaggeration; many similar ones are mentioned by the busy practitioner. It is coming to be the very summit of the *ton*.

The result of this fashion is gracefully yet truthfully told in a recent address by Dr. Henry, of New York, to the alumni of the Medical Department of the University of Vermont. He says: "Experience has forced me to the belief that the evils of this subdivision are individually nursed and fostered through lack of proper general qualifications, indolence, and the greater prospect of large fees. Diseases that were skillfully treated in the early part of this century by the general practitioner, are now sent from one 'ologist' to another, until

the sufferer, exhausted of patience and means, seeks in utter despair the assistance of the nearest quack."

Such unfortunates as those described by Dr. Henry constitute no small part of the persons who pass into the hands of the homœopaths, or who subject themselves to the torturing processes of the sticking doctors; not unfrequently to be redeemed from their ailments by the do-nothing practice of the one, or conjured into health by the other. Such partitioning of practice, and such sectional study, are debasing our profession, lessening the confidence of the people, and changing the science from Athens, the city of light, to Lute-tia, the city of mire.

It should, therefore, be the pleasure of every lover of his profession to discountenance superficial, partially-trained, and incompetent specialism. I do not mean by this that we should decline to avail ourselves of the superior skill of all such specialists as have earned their positions by earnest toil, thorough acquaintance with the science of medicine, and careful and extended observation. Such men rarely fail to throw brilliant light upon obscure points in diagnosis, and give valuable hints for treatment. They become, indeed, to the general practitioner what the light-house is to the mariner; they guide him within lines of safety, and save him from hidden rocks and perilous currents; they are in truth towers of strength.

It has been charged that the medical schools of the country are contributing in a large measure to the production and perpetuity of these dangerous forms of specialism. Dr. Henry, in the address already alluded to, says: "For the purpose of leading the mass of the profession and the public into the belief that the schools are progressive, too many of the faculties have yielded to the fashionable spasm of the day and appointed persons to deliver special courses of lectures. With some few exceptions, these special lecturers are scarcely up to the standard which might be fairly asked in so-called specialists."

The proposition made in the first clause of his argument, I do not believe is well founded, and must emphatically dissent

to it. The schools are not striving to mislead the profession or the public, but are, in my judgment, both honest and wise in their arrangement of the machinery of teaching. They have multiplied chairs and lectureships only as the widening and extending boundaries of the science have imperatively demanded. In the early history of medical teaching, when the science was meager in its principles, and not as now voluminous in detail, but few teachers were required to give instructions in all that was known. The most ancient and renowned school of our continent, the Medical Department of Pennsylvania University, began with but three professors. Those three taught the students who assembled all that was known of medicine at that time, as thoroughly as the most numerous appointed schools can possibly teach it to-day. Thus it will be seen our institutions are merely keeping step with the advancing profession, and striving by a multiplication of lectureships to give to the student, in the most comprehensive yet concise manner, all which constitutes the enlarged science. They do not inculcate, or even propose, the policy of studying for a specialty, but on the contrary insist that every aspirant for the medical doctorate shall faithfully follow the instructions given in every branch, in order to his qualification for general practice or the pursuit of a single department.

I know of no school which is favoring the study of a single branch, none which will accept, in extenuation of imperfect knowledge of the whole science, the plea that the applicant is preparing for a specialty. On the contrary, teachers of specialties themselves insist, in no dubious terms, upon a thorough knowledge of all.

Billroth, in the introduction of his *Course on Surgery*, says: "The surgeon can only judge safely and correctly of the state of his patient when he is at the same time a physician; moreover, the physician must have surgical knowledge, or he will make the grossest blunders."

Dr. Fordyce Barker, the distinguished teacher of Clinical Midwifery, in the preface to his valuable work on *Puerperal Diseases*, says: "A man may become eminent as a physician,

and yet know very little of obstetrics; or he may be a successful, even distinguished surgeon, and be quite ignorant of even the rudiments of obstetrics; but no one can be a really able obstetrician, unless he be both physician and surgeon."

Sir Henry Thompson says: "No man should become a specialist until he has had a ripe experience engrafted upon a most liberal professional education, and be forty years old."

Mr. R. Brudenell Carter, in the conclusion of his address before the International Medical Congress recently sitting in Philadelphia, said, "It gave him real pleasure to find so many eminent specialists identified with the great body of the profession. He believed the specialist a man of great utility, but thought the separation of specialism from general medicine detrimental to the earnest practitioners of both. He thought the knowledge of the specialist should become the property of the general practitioner also, and that it is wise in schools to include in their plan chairs of special branches. He believed the ranks of useful specialism could only be reached by the most thorough training in the entire science; and concluded by saying it is absurd to attempt respectability in medicine by the study of an exclusive branch." Thus it becomes apparent that teachers of specialties discourage specialism except of the kind that comes through learning and observation.

The point made by Dr. Henry, in the second clause of his argument, is more valid, namely, that "teachers of specialties are too frequently not up to the standard fairly to be expected;" yet this objection is more apparent than real, for though a teacher of a specialty may not be a thorough master of it, his teaching may in the main be correct and useful. Lacking the necessary store of knowledge, and being deficient in experience, he may nevertheless be a good teacher. He may draw the instruction which he imparts from the texts of the most approved authorities, and make it valuable to the student; and though such teaching may not be as complete or exact as that given by the acknowledged masters, still it will be vastly better than no teaching. The argument of Dr.

Henry is, therefore, fallacious. The schools do not foster or encourage uneducated and vicious specialism, but are doing all that lies within their power to promote liberal and universal medical education.

I hope I shall not be misunderstood in the positions taken in the course of these remarks. Lest I may be, I beg to reiterate the points taken, and will venture the opinion that the unprejudiced judgment of all intelligent gentlemen of the profession, whether they be general practitioners or specialists, will fully sustain them. They are these: that specialties pursued by men of general and proficient cultivation in the science of medicine, who have had a clinical experience sufficiently enlarged to give them acquaintanceship with the current morbid processes of the body and enable them to distinguish between them, and to trace them to their probable pathological sources, must rarely fail to be productive of good, both to the profession and public, and materially advance the interests of the science, and for the very forcible reason that one field assiduously cultivated by a *wise* laborer yields more abundantly than a number of fields imperfectly tilled. The shortness of time and the limitation of the human intellect render it very evident that a single mind can not reach the perfection in the whole that it can in a part. The second position is, that a person, notwithstanding he may be of gigantic intellect and untiring industry, unless he becomes a general medical scholar and a patient and careful student of diseases generally, can not become a successful and useful specialist, but will retard progress and injure the science by his frequent blunders, and will consequently become the instrument of mischief to the public.

Precisely as it is necessary for the artist to have a familiarity with nature in all its forms, an eye cultivated in the perception of colors, their changes and combinations; the sculptor to have "a knowledge of mathematics, anatomy, physiology and a cultivated imagination;" or the novelist to have a full acquaintance with human nature, a knowledge of history, and be learned in the sciences in order to success—so is it of prime

necessity that the specialist in medicine shall combine with a native adaptation a familiarity with the organization of man in health and disease, a profound knowledge of the laws governing both states, and clinical experience sufficient to enable him to recognize disease of whatever form may come before him. Then, and not till then, should he allow himself to enter upon the higher domain of specialism. Even when gentlemen have reached the high standard indicated, and are in all regards useful and distinguished special practitioners, there are difficulties in the way, many of which could be mentioned if time served; but one which is so common to all with whom I have met, I can not pass over in silence. It is that almost every specialist is prone to find in the organs of his peculiar province the morbid change which will account for all the symptoms in every case which is presented to him. He is sincere in this opinion, yet he often finds that it has drifted him into the vortex of error, from which he too frequently does not become extricated until the opportunity of remedying the real malady is lost forever.

In conclusion, gentlemen, allow me to whisper into your ears a little item of information for your personal good. It may seem ignoble to do so in connection with an examination of a subject belonging wholly to the interests of the science of medicine; yet I shall do so for the double purpose of placing you upon your guard, and as an incentive to more diligent study.

It is this: that besides promoting the science, you will advance your individual interests by so studying every department of medicine as to enable you to manage skillfully all the diseases of your patients, and thus keep them out of the hands of specialists as entirely as possible consistent with their good. For the reason that you will now and then meet with one to whom you entrust your patient for the relief of a special disease, who will retain and treat him and other members of his family for whatever affliction may arise in the course of his connection with the case. He will not be just and liberal as you have been. He will not say to the patient, your physi-

cian can treat this new and different disease better than I can, but will hold him as long as possible.

This, I doubt not, is within the personal experience of almost every physician. You will encounter it when you come to practice. Therefore, it will be greatly to your advantage to neglect no branch, but become, as far as the power within you lies, the master of all.

LOUISVILLE, KY.

THREE CASES OF IMPERFORATE HYMEN.*

BY SAMUEL R. BURROUGHS, M. D.

CASE I. In 1868, a negro man consulted me in reference to his infant child, a girl then three days old, whose condition he described as follows: The midwife, an aged negress, stated that the baby had passed no water from the bladder since its birth, but had had free dejections of a watery character from the bowels; that it was extremely restless, and would bend itself backward by sudden jerks and scream as if in great pain, and required almost constant nursing. Thinking there was some mistake in the matter, I gave it as my opinion that the urine probably passed when the bowels were moved, and directed a warm bath and a little spirits of nitre every three hours, and to closely examine the napkins. The next day the father returned, and stated that my directions had been followed, but no urine had been observed to pass; that the child had ceased to nurse, and was having convulsions. I now visited the patient, whom I found with convulsions recurring at intervals of twenty minutes, and between them crying and tossing incessantly. On examining the genitalia, I dis-

* Extracted from a very able paper, entitled *The Hymen: its Anatomy, Malformation, and Treatment of its Imperforate Deformity*, read at the meeting of the Texas State Medical Association, by Dr. S. R. Burroughs, of Guy's Store, Leon County, Texas.—D. W. Y.

covered, slightly protruding between the labia, a thin delicate membrane, containing minute blood-vessels, and somewhat distended by fluid. No meatus urinarius, or opening in the urethra, could be detected. Further examination revealed the membrane to be the hymen attached above to, or rather continuous with, the mucous membrane in front of the meatus urinarius, and completely blocking up the entrance both to the vagina and urethra. On introducing a delicate exploring needle, I discovered the confined fluid to be urine. The adjacent parts were much swollen from infiltration; a distinct and well rounded tumor was observable in the hypogastric region, over the whole of which there was distressing tenderness on pressure. A gentle tap with the finger over either the distended bladder or the protruding hymen revealed that the two contained the same fluid. Being satisfied as to the condition of things, I now enlarged the opening made by the exploring needle with a bistoury, when about a pint and a half of urine came away with a gush. I then proceeded to dissect up the entire membrane. But little hemorrhage occurred. I then introduced a pledget of lint well oiled, ordering it to be renewed as occasion required until the parts healed. The little patient soon after dropped to sleep. In four or five days the cut surfaces had cicatrized, and the case gave no further trouble.

CASE II. Was in the person of a young lady, aged fifteen years, who was well formed and of good constitution. Her tongue was clean, and she had no fever. Yet she was the subject of a severe throbbing pain at the base of the occiput, grinding pains in the uterine region, radiating occasionally to the loins and inside of the thighs, intermittent in character and appearing with a certain degree of regularity, simulating somewhat the advent of a real labor. Examination of the abdomen revealed a pear-shaped tumor, the summit of which reached nearly to the umbilicus. The tumor was firm, though somewhat elastic. When pressed upon, the most excruciating pains were excited in the lower extremity of the tumor, or in that part corresponding to the os uteri.

The most carefully conducted examination failed to discover fluctuation or a placental souffle, or the sound of a fetal heart. The mother said that the patient had never menstruated, and had enjoyed excellent health until six months before, when she complained of dull pains in the head, back and hypogastrium, accompanied by anorexia and slight nausea, a disposition to sleep and an indisposition to either physical or mental exertion. These symptoms, which usually recurred every twenty-five to thirty days, generally reached their height on the third day, and then gradually subsided in about as many more, fair health, or at least comfort, being at first the rule during the interim. But as they were repeated they became more and more severe, until the general health was finally disturbed. No other than domestic remedies had been used in the case. I proposed a digital examination, which was refused. I then gave a dose of chloral-hydrate, which secured a pleasant night's sleep. The pains gradually ceased, and the molimen slowly passed off.

At the end of a month I was called in great haste to see the patient, and found her suffering pains similar to and as great as those of labor; she was in tears, and on the accession of the pains would scream at the top of her voice. There were cramps in the calves of the legs, and sharp transient pains in the mammæ, which were somewhat enlarged and hard. The pulse was a little accelerated, the tongue coated, and the temperature slightly increased. There was frequent desire to micturate, the act being attended by scalding, while only a few drops of urine escaped.

A vaginal examination was now no longer opposed, and led to the discovery of a scarlet red, fluctuating tumor, the size of a goose-egg, lying between the labia majora. The catheter brought away a pint of highly-colored urine. Fluctuation in the tumor was easily detected both in that part of it which lay between the labia and that which occupied the hypogastric region, and a light blow in either situation was communicated to the opposite extremity of the swelling. An examination by the rectum detected the presence of a fluid in the

vagina. Being now fully satisfied as to the nature of the case, I plunged a bistoury through the walls of the projecting cyst, when a black, grumous-looking fluid escaped with a force which projected it a distance of five or six feet. The patient experienced almost instantaneous relief. The total amount of fluid discharged at the time was estimated at twenty-five or thirty ounces, but it continued to pass in clots and small quantities for several days longer. As soon as the main flow had ceased, I made a second incision transverse to the first through the entire extent of the membrane, introduced an oiled tent, and enjoined attention to cleanliness. The patient rapidly recovered her health, and had no further trouble.

CASE III. A lady stated that her daughter, who was nearly fourteen years of age, had been in good health until five months before, when she suffered for several days with pain in the head and back, loss of appetite and strength. She furthermore said that these phenomena had, since that time, returned at regular monthly epochs, with some increase in severity at each successive period; that she had never menstruated, and at that time was suffering much from pain in the lower part of the abdomen and back, the former being swollen and rather tender to the touch.

Being unable to visit the patient at the time, and supposing that the symptoms arose from other than a local cause, I directed iron and quinia, warm clothing, out-door exercise, good food, etc. Two months subsequent to this time the girl's mother brought her to my office for examination. An abdominal tumor was as manifest as in Case II. It really simulated a uterus gravid six months. A dense, unyielding, imperforate hymen fluctuating through it, and also through the rectum, and most of the other features noted in Case II, go to complete the picture. The next day I operated at the patient's residence by a crucial incision, giving exit to twenty or thirty ounces of black, decomposed blood, intermingled with purulent matter. After the greater part of this liquid mass had passed, I dissected the four quarters of the disk

from their original continuity, and placed an oiled tent in the opening, and directed that with the necessary renewals it should be kept *in situ* until the parts healed. For an hour or two after the operation the girl suffered considerably with uterine pains, which, however, yielded to chloral hydrate, and under proper regimen her health was speedily regained. The membrane removed in this case was about one-eighth of an inch in thickness, very dense in structure, and sufficiently rigid to prevent the pressure of the retained fluid from causing it to bulge or protrude externally.

In conclusion, I may be permitted to remark that Case I is not only interesting from its rare occurrence, but in that it combines both a malformation and a malposition, converting the genito-urinary apparatus into one irregular common canal. I have failed so far to find a record of a similar case in the books and journals to which I have had access.

Cases II and III are important inasmuch as they establish the following facts: First, they show the necessity of carefully examining the genito-urinary organs of all children born under our professional care, and correcting, if possible, such deformity as may be discovered. Second, that great suffering, constitutional disturbance, and much embarrassment both on the part of the patient and medical attendant, may obtain in these cases from a neglect of the above precaution. Finally, it is also worthy of remark that neither of these cases exhibited any symptoms whatever that could be attributed to the results of a regurgitation of the retained liquid through the fallopian tubes, although uterine contractions were excited by its increasing volume and continued presence.

GUY'S STORE, LEON COUNTY, TEXAS.

MASCULINE METAMORPHOSIS.

BY JAMES D. MAXWELL, M. D.

A case unique in its character, so far as my observation extends, presented itself in April, 1873, which I take the liberty of briefly reporting to you, hoping the researches and experience of some of your readers may give a satisfactory explanation of the phenomenon.

Miss —, an intelligent young lady in an adjoining county, by profession a music teacher, was suddenly overtaken in March, 1871, by a rain-storm, and thoroughly drenched in the midst of her catamenial period. The immediate result was the cessation of the menses and a severe cold; the remote result, irregular and very painful menstruation for the next twelve months, when amenorrhœa supervened.

About this time, or earlier, the patient complained greatly of pain in the iliac and lumbar regions, and was supposed to be suffering with ulceration of the os uteri; for which she was treated by her physician. The pain was especially severe upon the least exertion; and on one occasion, in attempting to get into a carriage, produced syncope. Intercurrent with these symptoms were chilly sensations and febrile movement, treated at the time as an attack of malarial fever, but with the light subsequently thrown upon the case may have been the accompaniments of ovaritis.

These were the symptoms up to about May 1, 1872, when there were manifested those features in the case which made it so anomalous. The delicate features of the female began to assume a masculine appearance; the voice changed, the throat and neck enlarged, the mammæ shrank away and became like those of a fleshy man, with the heavy circle of dark hair around the nipples; the beard grew luxuriantly, dark and glossy all over the face, unless through shame, as was frequently the case, it was removed with some depilatory ointment or closely cropped with scissors. The hair was

thickly set also upon the sternum, extending down the recti muscles of the abdomen and on the legs, as in the male. With all this there was constantly increasing obesity of the whole body, and a corresponding helplessness to such an extent that the patient was confined to an easy chair, made especially for her comfort. From being a delicate girl of slender form, weighing probably in health one hundred and fifteen pounds, she now at the time of my visit, April, 1873, must have weighed two hundred and fifty or three hundred pounds; and such a transformation of features! that no one could realize who had not seen the patient. The case seemed not more hopeless than obscure, and a strong wish was expressed by the physicians present to have a post mortem when the patient died. Upon her death, some two or three months afterward, this privilege was granted.

The autopsy was made, however, "under difficulties" more amusing to relate than instructive. The peculiarities of the case and the sensitiveness of friends, made it necessary to act under the cover of night. The examination was made with reference to a previously formed opinion that there would be found some diseased condition of the ovaries, and was, therefore, confined to the abdominal and pelvic cavities. In making the usual incisions for this purpose, there was nothing remarkable except the depth of adipose tissue penetrated in cutting through the abdominal walls. The omentum and mesentery contained also an unusual amount of fatty matter, and the appendices epiploicæ hung in clusters, like fringes, from the large intestine, much resembling in shape and size very large almonds. The uterus was normal in every particular, except some signs of an eschar upon the os, the result of former treatment for ulceration. The ovaries were very much atrophied, not over one-third the natural size, dusky in hue externally, almost cartilaginous to the touch, and of an ashy, striated appearance when laid open with the knife. The examination might have been carried further, especially to the heart, to ascertain if the immediate cause of death was not dependent on fatty accumulation about this organ; but it was

made under stress of circumstances, with limited time and want of opportunity.

The query now presents itself as to the probable cause of this abnormal accumulation of fatty tissue, and the change from the peculiarities of the female to those of the male in the manner specified. Reasoning by analogy and from observation in the animal kingdom, the conclusion would naturally point to the loss of function in the ovaries, by whatever cause produced. The caponed cock and the spayed heifer, and I might add the eunuch, show the proclivity to adipose development.

Our medical literature is not without an example also of the influence of the extirpation of the ovaries, or the impairment of their functions, upon the stimulation of the hair follicles. In the *Cyclopedia of Practical Medicine*, under the head of *Amenorrhœa*, occurs the following language: "But there are no protuberant mammæ, no sexual propensities; a slight beard grows on the upper lip, and the general characteristics resemble those of the male. In such a case the probabilities are that the ovaries are either absent or have become so diseased that their functions are entirely lost. A striking instance is related by Mr. Pott, where a precisely similar state was artificially induced by the removal of the ovaries in a young woman in St. Bartholomew's Hospital, although previously to the operation menstruation and all the signs of puberty had regularly existed."

I have thought it unnecessary to refer particularly to the treatment pursued in this case, but may say generally, as I learn from her family physician, that it was adapted first to the *dysmenorrhœa*, second to the *amenorrhœa*, and third to *amenorrhœa* and ulceration of the *os uteri*. Remedies seeming to prove futile with her family physician, she visited Dr. Byford, of Chicago, under whose advice treatment was still pursued on her return home. It was about this time that the changes began which have been particularly referred to as anomalous, and which continued to increase till her death.

BLOOMINGTON, IND.

A CLINICAL LECTURE—DIAGNOSTIC VALUE OF
ABDOMINAL PALPATION IN PREGNANCY.*

BY JAMES R. CHADWICK, M. D.

Fellow of the American Gynecological Society.

The history of the patient now before you has already suggested to your minds the probability that she is pregnant, but the menstruation has been habitually so irregular that we must all entertain some doubts as to the fact, and must be completely in the dark as to the period to which that state may have advanced. As your text-books give at great length the various signs and symptoms of pregnancy as taught by English, French and American obstetricians, I will devote the short time at our disposal to a minute exposition of the method and advantages of abdominal palpation, which has attained to a prominence and importance in Germany that are unknown and unappreciated in other countries.

The other methods of abdominal examination are *inspection*, *percussion* and *auscultation*; their objects may be briefly stated as follows:

Inspection of the abdomen informs us as to its volume and form; the tension of its walls, the discoloration and scars upon its integument, the changes of the umbilicus, the impediment to respiration, and condition of the ribs; sometimes shows us the movements of the child or of flatus, the twitching of the abdominal muscles, and occasionally a thrill from pulsation of the aorta.

Percussion informs us as to the consistence of the contents of the abdomen, giving the size and height of the womb, as well as, imperfectly, the nature of its contents, the presence of ascites, flatus, or a full bladder.

* This lecture was published in the Boston Medical and Surgical Journal some time since. But the demand for copies of it being so great that the supply has been exhausted, Dr. Chadwick republishes it, with some important additions and a few alterations, in the American Practitioner.

"The object of *auscultation* is to recognize the fetal heart-sounds, and the maternal vascular murmurs, and to distinguish them from the transmitted heart-sounds of the mother, from the spontaneous movements of the fetus, from the umbilical murmur, from the gurgling of gases and the splashing of fluids in the intestines, and from the aortal pulse." (C. Braun.)

For the purposes of diagnosis, palpation is the determination of the volume, consistence, form and position of the uterus; the size, position, presenting part and spontaneous movements of the fetus; the presence of more than one fetus, or of complicating abdominal or pelvic tumors; the life of the fetus, the transmitted thrill of the aortal pulse, the fullness of the urinary bladder, the presence of ascites, and, in some measure, the question of a previous birth, by the *sense of touch through the abdominal walls*.

Preliminaries.—The woman, to be examined, should be flat upon her back on a bed; her legs should be drawn up, and her head supported, in order to relax the abdominal muscles and integuments. Corsets, drawers, and all constricting bands about the abdomen or chest, should be removed. A sheet should cover the lower extremities, and the night-dress or chemise be drawn up under her breasts, thus leaving the abdomen alone exposed. Should modesty require, the sheet, being the cleaner and looser of the two, may be brought up over the abdomen, though this will interfere somewhat with a satisfactory examination. The physician's hands should be warm.

Manual of Palpation.—Standing upon the right of the woman, the physician lays his hands upon her abdomen, and proceeds to explore its contents, as revealed to the touch. This is performed by moving the hands, step by step (so to speak) over its surface, while they are rounded over the inequalities, made prominent by pressure, so as to form an idea of the configuration of what is within.. This is best effected by a general "pawing" motion, during which the hands are kept nearly flat upon the abdomen, the pressure being not constant in any one spot, for a rocking motion is imparted to

the hands by alternate flexion and extension of the wrist and of the metacarpo-phalangeal articulations. The hands are, during this action, either moved along side by side in the same region of the abdominal surface, or at opposite sides of the abdomen; in the latter case, the one steadies the uterus and fetus, while the other studies their angles and form. This is most useful when the abdominal contents are very movable. When it is wished to test the consistence or mobility (including ballottement) of the underlying parts, the very tips of the fingers of one hand should *first* be placed gently upon the abdominal integument, almost perpendicular to it; and *then*, by a forcible thrust downwards, be brought up against the parts below. As this should be a shove rather than a blow, it may best be executed by an action from the elbow, with stiff but slightly-flexed wrist and hands. In order to examine the presenting part of the fetus, two other procedures are commonly followed. In the first, the right hand of the investigator, with thumb abducted, is laid, palm downwards, upon the abdomen immediately above the symphysis pubis, the thumb being near the middle of the left Poupart's ligament, and the fingers at the same point on the other side; the ring and middle finger come chiefly into play. The thumb and fingers are then thrust downwards into the abdomen, and approximated, until they grasp between them the presenting part of the fetus. The distinguishing characteristics of a presenting head or breech may best be brought out by giving the part a sort of shake in this way, by which it is tossed to and fro between the thumb and fingers.

The second method of palpating the presenting part is by laying the two hands flat upon the opposite sides of the abdomen, the points of the fingers being directed toward and lying just above the middle of Poupart's ligaments on each side; they are then thrust downward and inward towards the cavity of the pelvis, until they come upon and hold between them the presenting part. This method is rarely resorted to, unless the previous one yields an ambiguous or negative result. It is slightly painful, but the examiner is by it enabled

to explore deeper in the pelvis, and thus often reach a deep-seated head, which would not be accessible to the former procedure. No force sufficient to cause the woman any real pain need ever be employed during these manipulations.

Attention to the minutiae enumerated above is of importance, for a promiscuous punching will not only subject the woman to much discomfort and pain, but will also excite reflex contractions of the abdominal or uterine muscles, and thus defeat the object in view.

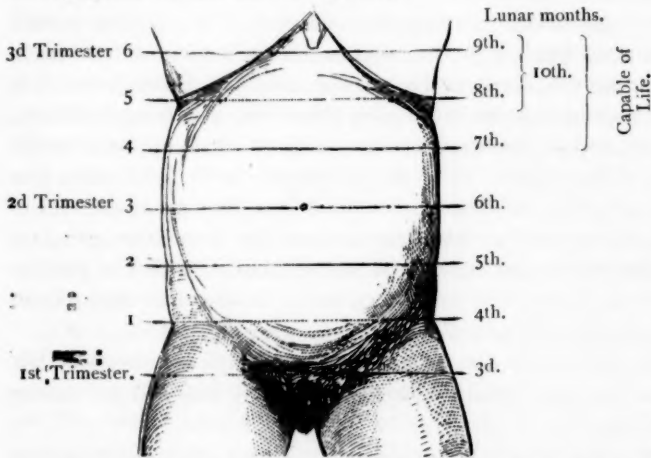
At the Bedside.—While facing the woman, the obstetrician lays his hands, with the fingers directed toward her head, upon the opposite sides of her abdomen, to make sure that the long axis of the fetus corresponds to the longitudinal axis of the uterus; in other words, that he has a longitudinal position before him. This proved, he proceeds to estimate the period of the pregnancy by defining the height to which the fundus uteri rises. This may be done by depressing, as far as possible, the ulnar border of the left hand above the fundus, and measuring, while it is closely applied to the latter and in a perpendicular position, its distance from certain fixed points. The right hand may be required to support the body of the uterus, should it incline to fall away from the median line of the body.

The Period of the Pregnancy is determined chiefly from the height of the fundus, which depends in the later months almost entirely upon the size of the fetus. The measurement of the abdominal circumference gives no data, as proved by Hecker, Spiegelberg and Richelot, who, for example, found for the tenth month of pregnancy variations of $34\frac{1}{2}$ – $45\frac{1}{2}$ inches (H.), 33 – $42\frac{1}{2}$ inches (S.), and $32\frac{1}{4}$ – $44\frac{1}{2}$ inches (R.)

In transverse and twin pregnancies, this manner of diagnosing the period gives untrustworthy results, for then the long axis of the uterus will be the transverse, and in consequence the fundus will not attain to the same altitude. The general size of the child or children, the size and hardness of the head or heads, and the testimony derivable from the vagi-

nal examination, and from the statements of the mother, must then be relied upon.

The following are the rules to be observed in making the calculation: The line connecting the symphysis pubis to the ensiform cartilage is supposed to be crossed, at right angles, by six equidistant transverse lines; two intersecting each of the spaces from the pubes to the umbilicus, and from the umbilicus to the tip of the ensiform cartilage, and one passing through each of the last two points.



The normal term of gestation—two hundred and eighty days, reckoned from the commencement of the last menstruation—is then divided into ten lunar months; these, exclusive of the tenth month, are arranged in trimesters. During the first trimester the fundus uteri is rising to the level of the pelvic brim, and is not accessible to palpation; at the end of the second trimester it has reached the height of the umbilicus, and at the end of the third that of the ensiform cartilage. The altitude attained by the fundus at the end of the several months of each trimester corresponds to the other lines of the scale.

The distance between each of these lines is about equal to the breadth of two fingers, whence the common saying that

the fundus stands "two fingers above the symphysis pubis, or two fingers below the navel," etc., indicating the end of the fourth and fifth lunar months respectively, and so on.

During the tenth lunar month, the uterus is generally supposed to be settling into the pelvis; therefore, although it has been increasing in size, the fundus has really been sinking from its position at the end of the ninth month. This descent is, however, far from constant, and should not be allowed for, until further abdominal and vaginal examination has confirmed the supposition. A complete descent of the uterus would, consequently, carry the fundus, in the course of the tenth lunar month, through the various altitudes through which it had passed in its ascent during the ninth, and bring it finally, at the end of the tenth, to the level at which it stood at the end of the eighth. This is exceptional, so that it is more correct to place the normal height of the fundus, at the end of the tenth month, somewhere *between* the lines corresponding to the end of the eighth and ninth months, with the proviso that the fundus will not infrequently be found as high as the line of the ninth month.

In estimating the period of pregnancy, no mention has thus far been made of the other less reliable, but not unimportant, data to be obtained from palpation. These will be more fully described in other connections later, and will here be only mentioned as they successively appear in the several months.

Fourth lunar month.—The uterus is felt as a rounded, elastic tumor, above the symphysis pubis, and continued into the pelvis; its consistency is soft, and in multiparæ often uneven. It may be a little harder in several places adjoining the fetal parts, but the latter are not distinctly felt. Ballotement through the abdominal walls is very rare.

Fifth lunar month.—Uterus a little to one side of the median line, generally to the right. Spontaneous movement of the fetus, and abdominal ballotement rarely felt. (Fetal heart-sounds, in rare cases, heard on auscultation.)

Sixth lunar month.—Fetal parts, and consequently the pre-

sensation, can commonly be made out. Spontaneous movements felt. (Fetal heart-sounds heard.)

Seventh and eighth lunar months.—All the parts of the fetus gradually become more manifest to palpation. Fetus gradually loses its extreme mobility. Head increasing in hardness, as well as in size.

Ninth lunar month.—The fetus, constantly gaining in size in proportion to the uterus, obliges the latter to conform more and more to its shape. Ballottement of the head commonly felt.

Tenth lunar month.—Uterus generally descends into the pelvis, by which the presenting part of the fetus becomes more or less immovable, and the fundus is caused to fall more forward, by which a flattening of the epigastric region may ensue.

All these signs are to be earlier and more easily obtained in multiparæ than in primiparæ, owing to the greater tension of the abdominal walls in the latter. The fetus is, of course, supposed to be alive.

This method of determining the period of the pregnancy will be found in general satisfactory, despite its manifest imperfections. Three points are important in applying it, however: that the fetus should not be in a transverse position; that the fundus should be in the middle line of the body, and that the bladder should be empty, it being evident that a dilatation of the uterus in a transverse direction would shorten its vertical axis; that any deflection of the womb from the median line of the body would lessen its apparent height, and that a full bladder might prevent the uterus from sinking to its proper level in the pelvis.

Fullness of the rectum is said to affect, in some measure, the height of the fundus uteri, but is rarely taken into account. The thickness of the abdominal walls is also to be considered and allowed for; it is determined by taking up a fold between the thumb and fingers. This gives another indication, for it has been proved that the amount of adipose tissue in the walls decreases with each successive pregnancy.

Deformity of the pelvis, of the vertical column, or of the thorax, an unusual amount of amniotic fluid, and the presence of complicating tumors, may lead us astray, unless such conditions are discovered and due allowance made.

Having thus settled, preliminarily, the duration of the pregnancy, subject, however, to modification or correction after the vaginal examination, the physician proceeds to diagnose the position and presenting part of the fetus, and to detect any abnormal condition that may exist. If the urinary bladder is full, it will be felt as a more or less prominent, elastic tumor, immediately above the symphysis pubis, and must be evacuated.

The consistence of the abdomen varies with the nature of its walls, and more especially of its contents. The walls, when fat, will be soft to the feel, even when somewhat distended; yet in primiparæ they are apt to be very tense toward the end of the pregnancy, owing to the unusual dilatation.

The uterus is felt as an elastic, more or less firm bladder, rounded above and prolonged downwards into the pelvis. Toward the end of gestation it assumes more nearly the ovoid form of the fetus; it never, however, quite loses a slight antero-posterior groove in its fundus, the last trace of its formation by the union of Müller's ducts; this is more marked during a contraction. Its shape when pregnant (and contracting) or dilated from other cause, is acknowledged to be chiefly dependent upon its contents. Up to the seventh or eighth lunar month the uterus is so distended by the proportionately great amount of liquor amnii, that the fetus floats free of its walls, and does not mar the symmetry of its rounded outline. After that time, however, the relation of the fetus to the fluid is gradually reversed, and the uterus assumes, in a measure, the form given it by the fetus.

Peculiarities of the Fetal Parts.—The two great extremities of the fetus, as it lies doubled up in the uterus, are the head and the breech; they are recognized by their individual peculiarities, and by the rounded terminal character common to both.

The *head* is felt as a round, hard body, entirely free from angles or even prominences, more movable than the breech, and more or less isolated (because of the hollow at the neck) from the neighboring resistant points. When the head is freely movable, one of its chief distinctive features is its *ballottement*, or quick rebound upon the exploring fingers, after a sudden push. The sensation imparted to the hand, in this case, is peculiar and characteristic, being such as is caused by a hard ball floating in a liquid. Its rebound is quicker and more bouncing than that of the breech, which alone could resemble it, because it swings from the body by the flexible neck, and thus describes the arc of a small circle only; whereas the breech, when thus propelled, describes an arc of greater radius, and is restrained by the inflexibility and greater inertia of the body, as well as the more extended surface which it exposes to the resistant action of the fluid; for these reasons the rebound of the breech is slower and less sudden than that of the head. This peculiar feel is enhanced by the different consistence of the two parts, the head being hard and bony, whereas the breech is soft and fleshy. As the size of the head increases, this ballottement is less marked, but as its bones gradually become more ossified, with the increase in size of the fetus, what is lost in mobility is gained in hardness.

The *breech* is known by its being directly continuous with the back, by not being symmetrically round, but somewhat pointed (the tuberosities of the ischia), by not being hard, and by not rebounding suddenly upon the fingers after a blow (ballottement).

The *back* is recognized by the long, uninterrupted resistant surface it presents to palpation. It is said that the spinous processes of the vertebræ can, in some instances, be felt; if so, the occurrence must be of extreme rarity.

The *small extremities*—the legs and arms—are generally detected as small, irregularly-shaped bodies, easily pushed about by the hands, often spontaneously changing their positions, and frequently dealing blows to the hand of the observer.

The momentary application of cold to the abdomen is said to increase these spontaneous movements of the fetus; it is inconceivable that the cold itself should penetrate to the fetus and excite the unwonted activity, especially if we are to believe Hebra's statement, made in my hearing, that a thermometer placed between the teeth and cheek is not sensibly affected by the continued application of ice to the cheek externally. It is more probable that the reflex nervous current excited in the woman in such a case, has an effect upon her uterus, and thus indirectly produces an impression upon the fetus.

BOSTON, MASS.

(To be continued)

SUCCESSFUL CASE OF OVARIOTOMY.*

BY DRS. A. J. SMITH AND R. F. BLOUNT.

The subject of the above operation was Mrs. C. Latchen, residing six miles north of this city, aged fifty-one years, small and delicate in stature, native-born, and the mother of twelve large, healthy children, the youngest of whom is fourteen years. In November, 1874, she detected an enlargement in the left iliac region, which continued to increase in size, until in April, 1875, she presented herself to us for examination and treatment.

After a careful and thorough examination, we diagnosed an ovarian tumor. At this time it appeared to be solid, and about the size of a fetal head at full term of gestation. We gave treatment for the improvement of her general health. The tumor continued to grow rapidly, soon so encroaching upon the abdominal viscera that digestion and assimilation were imperfectly performed, and so embarrassing respiration that to lie down was impossible, even to sleep.

* Read before the Wabash County Medical Society, February, 1876.

June 22.—Fluctuation now being apparent, as a measure of palliation we introduced No. 3 needle, Dieulafoy's aspirator, two inches below the umbilicus, in the mesial line, and succeeded in removing six ounces of a thick, glairy fluid, highly albuminous.

August 30.—Our patient still rapidly declining, and the tumor enlarging; aspirated with the same needle as before, and in same locality, but with no results. Thinking the caliber of the needle too small to admit the flow of so tenacious a fluid, it was followed with a medium-sized trocar; still a dry tap. This being unsatisfactory, and confident we could detect fluctuation, the No. 3 needle was again inserted at a point about two inches above the anterior superior spinous process of the ilium, with the satisfaction of securing about four ounces of a similar fluid to that of the first operation. The needle was cautiously passed in different directions, with the hope of emptying other cysts, but with only slight results. Now knowing we had to do with a polycystic tumor, which could not be reduced by tapping, and our patient presenting marked signs of decline, we advised extirpation as the only means of relief, to which full consent was given.

December 2, 10 A. M.—Time appointed for the operation. The patient was put upon preparatory treatment some weeks previous, such as tinct. of chloride of iron, strychnia, good nourishment, sponging, etc. On the day preceding the operation she took quinia and a cathartic of castor oil. Promptly at the hour appointed we were joined by our friends, Drs. Dicken, Donaldson, J. and J. H. Ford, of this city, and Drs. Kidd and Murphy, of Roann, to all of whom we owe much for very efficient assistance.

We found the patient prepared as previously directed. The temperature of the apartment was raised to 85° F., and all avenues to external air closed. Squibbs's sulphuric ether was administered, complete anæsthesia induced, and the patient placed upon a table provided for the occasion and catheterized. An exploratory incision was now made, two and a half inches long, through the linea alba, beginning at a point two

and a half inches below the umbilicus; here we found rather firm adhesions, which were with some difficulty broken up. A No. 10 male sound was introduced, and swept around the tumor in search of other adhesions; none were found, except that to the left at a point where we had previously aspirated, which was easily broken up.

The incision was now enlarged to the extent of seven inches, downward to within one inch of the symphysis pubis, and upward to the umbilicus. A Spencer Wells' trocar was introduced into the sac, and passed from cyst to cyst, until the tumor was so diminished that it could be turned out through the incision. During the emptying of the cysts, the walls of same were firmly clasped with a Sims' double-toothed forceps and gradually withdrawn, a Wells' clamp firmly adjusted to the pedicle, and the tumor, weighing about twenty pounds, severed therefrom. The pedicle was transfixed with a double-plaited silk ligature, and tied firmly in two halves, the clamp removed, stump nicely trimmed, and, all oozing of blood arrested, was dropped back, the ligatures left hanging from the lower angle of the incision for drainage.

The opposite ovary and uterus were examined and found to be healthy. Next the abdominal cavity was carefully and thoroughly cleansed, and the wound closed by seven interrupted sutures passed from within, including the peritoneum. A few adhesive straps, lint saturated with carbolated oil applied to the wound, and a compress of raw cotton, secured by a double flannel bandage, completed the dressing, and the patient then placed in bed. Fresh air was now admitted, and the temperature lowered to 65° F. The patient soon rallied from the effects of the anæsthetic, also from the shock of the operation. A single dose of brandy and carbonate of ammonia, and one hour later two grains of opium, was given.

At 5 P. M. the patient had slight vomiting; 8 P. M. vomiting more frequent and continued. At the end of the third day removed one half of the stitches.

Fifth day.—Vomiting still persisting; removed the remaining stitches, wound entirely united.

Sixth day.—Vomiting stercoraceous matter; patient feeble; gave essence of beef, milk, quinia and brandy, per rectum; gave repeated enemata of flaxseed tea, until a thorough evacuation of the bowels was obtained, after which the patient was more comfortable and tolerated nourishment by the stomach.

Eighth day.—Patient much improved; rested well during the past night.

Eleventh day.—Pulse small and frequent, skin dry and hot, tongue dry and red, urine highly ammoniacal; gave five grains of quinia, beef tea, milk and brandy, per rectum, every four hours.

Twelfth and thirteenth days.—General appearance better; so much improved that light food was allowed by the stomach.

Fourteenth day.—Doing well; ligatures removed and wound dressed.

Seventeenth day.—Wound entirely healed, and the case dismissed cured.

The wound was thoroughly cleansed daily, and dressed with carbolated oil. The vomiting was excessive, some days almost constant, every attempt to arrest it failing. The hypodermic injections of morphia afforded greater relief than any other remedy tried.

Mrs. L. has been a great sufferer from indigestion for many years, and subject to severe paroxysms of vomiting, which will in part account for the great gastric irritability during the entire treatment incident to the operation.

WABASH, IND.

A CASE OF HEPATIC ABSCESS.

BY GEORGE N. MONETTE, M. D.

David B—, aged nineteen, general jobber, always temperate, came to me to be treated for a "swelling," as he termed it, in the right hypochondrium. After a thorough physical

examination, I diagnosed hepatic abscess. The engorged and hypertrophied liver extended from the crest of the ilium on one side to the crest of the ilium on the other; the largest abdominal circumference being thirty-six inches, the smallest, or lumbo-sacral, measuring thirty-four inches. The antero-lateral portion of the liver corresponding to the right lobe was the most prominent part, over which there was some tenderness on pressure. There was uniform distension of the abdominal parietes until within a few weeks of his death, at which time the left iliac region assumed a concave aspect. He had had intermittent fever the preceding spring, which yielded to quinia and iron. About two months prior to his visit to me he had a return of the paroxysms, which culminated in acute engorgement of the liver, the organ attaining great dimensions in a very short time. In addition to the above symptoms, there was general circulatory impairment with emaciation. The conjunctiva had a slight tinge of an icteroid hue, and the complexion was sallow and cachectic. There was no diarrhœa, dysentery, or other intestinal derangement. There was anorexia, dyspnœa, and podœdema. The urine was comparatively normal, straw-colored, but occasionally a dark red, and of muddy consistence.

The prognosis was unfavorable from the first, and the treatment I suggested was to puncture; but I informed the family that death was inevitable, and so concluded to do nothing. Treatment was superfluous almost, save to ameliorate his suffering; however, I ordered quinia, tinct. ferri chlor. and acidi nitro mur. dil., which only served to intensify his appetite. There was no autopsy, but the local hypostasis and the prominence and thinning of the parietal walls, pointed to the formation of pus and confirmed the diagnosis.

NEW ORLEANS, LA.

Reviews.

Transactions of the Indiana State Medical Society, 1876. Twenty-Sixth Annual Session.

The circling months bring to us another volume of our State Society Transactions, and it is again our duty to examine it and render to its contents such praise or censure as to our judgment they may seem to demand. The task is not one of our choice, yet in undertaking it we feel assured of a spirit of impartiality, and trust that we shall execute it with justice.

We are presented, in this volume, with two papers on the Use of Tobacco, the first by Dr. S. S. Boyd, of Dublin, the second by Dr. William F. Harvey, of Plainfield. Both are counterblasts of the extreme kind, such as would have delighted the heart of old King James, and probably would have won from him the honor of knighthood for their writers. We are not going to write an anti-blast, for we are neither a user nor an admirer of the weed. But we must say that we do not think its use will be diminished by such writing as this; and say farther, with regret, that we do not think these papers are worthy a place in the Transactions. The sweeping assertions, the unmeasured denunciation even to tirade, with the entire lack of accurate and detailed personal experience, of both papers, must sustain our judgment.

The second paper does, it is true, make a general statement of personal experience with tobacco as a remedy, but it is only general and not presented so as to be of any value, while what little force it has is destroyed on the same page by the statement that "it is a remedy too dangerous to use except where every other known remedy has failed to relieve a given

case." Passing beyond the consideration of personal cleanliness, which is "next to godliness," the greatest objection to the use of tobacco is that it creates or increases the appetite for strong drinks. Both authors call attention to this fact; both mention, but do not urge as they might, the next great objection, its destruction of energy and ambition, its production of a mental state of dreamy lethargy and content, not compatible with the activity and exertion of the battle-field of life. Neither of them lays any particular stress upon its effect in producing irregular action of the great central organ of the circulation, or in causing dyspepsia, cases of which come so frequently under the observation of every physician, and of which we are sure every member of the Society sees a score to one of the dire and terrible effects set forth as of daily occurrence.

One point in the first paper we are glad to see urged, the ever positive and multiform injury resulting from the use of this powerful article by the young; and we wish the author had said a word in regard to another article, less potent but more generally used. We allude to coffee, so frequently in the west given to children, even to infants, as a daily beverage, a custom which is certainly not only unnecessary but very injurious.

We can not pass these papers without calling attention to some most extraordinary statements contained in the second one. One of them is that delirium tremens does not occur in persons who do not use both tobacco and alcoholic stimulants. This may be so, we can not gainsay it; but had the author established it he would have given a very considerable value to his paper. As to some other statements, such as tobacco producing malignant disease, causing "aching pains in every part of the body, pains in every organ and joint" (!), causing "a large percentage of the sudden deaths daily reported in the papers," with all the dire catalogue of evils on page 91; of these we will say that they should not appear in a scientific paper without proof or reference to the authority upon which they are based. These are of a piece, however, with the

logic which appears at the end. The tobacco tax of France, from 1812 to 1842, is compared with the number of lunatics, and the tax of to-day compared with the lunatics now, whereby it is shown "that the increase of lunacy has kept pace with the increase of the tobacco revenue!" Now, suppose the author had compared the number of miles of railroad in France before 1842 with the number of insane, and made the same comparison for 1876, would it not have shown beyond a question that the increase of lunatics has kept pace with improved modes of locomotion!

The subject of State Medicine is presented in two papers. The first is the address of the President, Dr. Helm, of Peru, in which the subject is very briefly but ably presented. The greater portion is taken up in urging better provisions for the care of the insane, and from the figures given there is certainly need for our state to act in this matter. The Doctor warmly advocates the treatment of the insane practiced at Gheel, in Belgium.

The second paper is by Dr. Hervey, of Indianapolis, and is an earnest plea for the establishment of a State Asylum for Inebriates, in regard to which we think the tax-payers of the state will have something to say. In this paper the author regrets that the legislature has failed "to recognize some standard of medical qualification."

And this brings us to the paper on Medical Education, by Dr. J. S. Gregg, of Fort Wayne. The subject is one upon which it would be difficult to say anything new, so frequently has it been treated and maltreated. The author is, we are glad to see, a warm advocate of the graded system of instruction, in which the student passes through, and is examined in, the more elementary branches of medical science before passing to the higher and more practical ones; and also advocates a better preliminary education. The means by which an elevation in medical education is to be attained are, the enlightenment of the people, and the efforts of the profession itself. The latter is the only reliable and effectual means; and the sooner the profession sees it and recognizes it, the better. Im

provement of the people is a slow process, while legislative interference presents, in our opinion, no hope whatever. We express this opinion the more freely because we started in life a warm advocate of it. In one of our neighboring states the thing has been fairly tried through all its phases, and finally a law requiring only graduation from any legally constituted medical college remains a dead letter on the statute books. It is an open question whether enactments of this kind are not foreign to the spirit of our institutions; they certainly are at present to the spirit of popular opinion.

Finally, we have some exceptions to take to this paper, written by a gentleman evidently warmly interested in the welfare of the profession. We think all the colleges which have adopted the graded system should have been equally mentioned, and not one alone selected for praise, however high its standing. Again, while devoting so much attention to that which really is the greatest curse to the advance of the profession—the multiplication of medical colleges—why not say a few words upon the influence of the general practitioner? Are there no sins at his door? If young men, known to be without proper preliminary education, are permitted, even induced, to enter the office of a practitioner, merely to gratify the miserable vanity of having students, how can the colleges turn out worthy graduates? We propose to begin at the beginning in this matter, and advocate in our State Society a plan we have always pursued, the requirement of a pledge from every member to receive no person into his office who has not already shown himself a student by acquiring a fair amount of general education, and then exacting from him a pledge that he complete his course and graduate before going into practice. After a while the Society will, perhaps, be able to turn its attention to the colleges.

The paper by Dr. George Sutton, of Aurora, upon Reduction of Dislocation of the Hip-Joint by means of a Fulcrum, a subject which has been heretofore presented to our readers, is excellent, indeed of the highest order, because of its practical character. We have had no opportunity to test this

method since it was published. It is an addition to our resources, to be borne in mind when others fail us, if it does not supercede them; and we believe that when the head of the femur rests in the ischiatic notch, it will prove a decided improvement. As an original contribution to a practical subject, this paper takes high rank.

Another practical subject of great importance is well presented in the paper on Reflex Morbid Conditions arising from Disease of the Uterus, by Dr. W. H. Bell, of Logansport. It treats of a class of cases of which no practitioner can see many unless placed in unusually favorable circumstances, and they are never plain or apparent; reports of cases are therefore always of interest, and only good can result from awakened attention to the subject. We, therefore, think the Society indebted to Dr. Bell for his able paper; and his remarks upon the local treatment of uterine disease are judicious, practical, and evidently the result of observation and study. In so good a paper, however, it surprises us to find such a glaring instance of *non sequitur* as the first case reported. We are told that "a critical post mortem examination proved beyond doubt that the initial cause of the knee affection was located in some of the generative organs;" yet there is not a word of any pathological change found in these organs at the post mortem, nor does the report of the case contain a syllable as to any symptoms on the part of these organs during the patient's life!

The Treatment of Puerperal Convulsions is considered in a paper by Dr. G. W. Mears, of Indianapolis. The title should have been, "A Plea for Blood-Letting as a Remedy" in this disease. It is a strong protest against the abandonment of venesection, and a strong presentation of its claims to our confidence. So far we are in entire sympathy with the author; we believe that a rapid abstraction of blood is one of the most useful measures of treatment in this frightful accident of parturition, one that is very generally demanded, and one which often can not be omitted with proper regard for the safety of our patient. Beyond this we can not go. Yet the author

seems to wish to lead us further. But because venesection is a good remedy, it is no reason that chloroform and chloral, as well as opiates, may not be also good remedies. Because we advocate one, and have confidence in it, we are not compelled to abandon the others. It is a plain fact that no exclusive plan of treatment can be followed, and warmly as we would advocate blood-letting, we have seen cases with such a condition of the pulse that we are sure no physician would have bled the patient, unless he bled rather for the name of the disease than for the condition of the patient. The author advocates too exclusive a pathology, as well as plan of treatment. If the proximate cause of the convulsions be congestion of the nervous centers, a congestion which can be relieved by venesection, then the problem is an easy one—bleed again and again—*coup sur coup*, following Bouillaud. But there are able advocates of cerebral anæmia being the immediate preceding condition of convulsion. According to the theory of Traube and Rosenstein, which seems at present in the ascendant, there is cerebral serous effusion arising from the hydræmic condition of the blood. The good effect of early blood-letting can be understood if this theory be correct; but at the same time it is clear that too much or too frequently repeated, it can not but prove injurious by increasing the conditions upon which the disease depends. Singularly enough the objection urged by the author against chloroform is that it only removes temporarily the signs and manifestations of the disease. There is, unfortunately, a good deal that we don't know about the pathology of puerperal convulsions, and until the pathology is clear we can not base treatment upon it. In the light of clinical experience, we believe venesection to be one of the best of remedies, but, as before said, think the author too exclusive in his advocacy of it.

Another practical and very important subject is presented in the paper on the Treatment of Placenta Prævia, by Dr. Parvin, of Indianapolis, an able and scholarly paper, as we believe are all emanating from his facile pen. The subject elicited a discussion equal in interest to the paper, and both

demand from us a brief notice. We have here the same difficulty as with puerperal convulsions; cases are not all alike. Not only are they not alike as to symptoms and pathological conditions, but we are prepared to maintain that a choice of treatment may be forced on a physician by the circumstances under which he is placed, as to such matters as the distance he is from the patient, and the time required to reach her, a thing which can be said of few, if any, other cases. The essential difference in cases was fully recognized and very plainly stated by the last speaker; yet we have again, unfortunately, the betrayal of a partisanship which would seem to rigidly advocate one plan of treatment, and to unduly depreciate others, a spirit into which all are likely to fall, especially during a discussion; yet one that is incompatible with scientific investigation.

We fully believe that the induction of premature labor in placenta prævia, when the child is viable, to be an advance and an improvement in obstetrics. It was the object of the paper, it seems to us, to present and advocate this plan. Yet we do not suppose that upon being called to a case the author would proceed at once to so important a measure under all circumstances and conditions. The paper fails to state as explicitly as it should have done, the class of cases, and just when and why, a resort should be had to a mode of treatment not yet generally accepted. Nor do we think it places a just estimate upon some other measures of relief, and instance puncture of the membranes, which is advised by the highest authorities, and which we can by no means believe to be as dangerous to the child as ergot. The danger of concealed hemorrhage after this, as well as after the tampon, we believe to be overestimated by the Doctor, and by some who took part in the debate; it is a possible, by no means a probable occurrence.

Now as to the tampon. The practitioner who has found it always reliable has been fortunate indeed, and we congratulate him, as well as those who find the hemorrhage, before eight and a half months, yield to rest and moderate remedies; but

when he expresses entire and abiding confidence in this remedy—that in all cases at full term the safety of both mother and child is assured by it—we are very certain that he is misled by limited experience, (for all individual experience is limited), and trust he may never be awakened from his fancied security by disaster. That any particular form of tampon affords perfect security is likewise fallacious; and as to the application of solution of iron as a hemostatic, one of the latest and highest authorities says that astringents have been tried in every possible way in these cases, and “their action is not even in the slightest degree to be depended upon; a result which will not excite wonder if the purely mechanical cause of the hemorrhage be kept in mind.” (Leishman.) We have equally strong testimony from equally competent clinical observers that a dilator introduced into the cervix acts as an “efficient plug.” (Playfair.) Yet we find in this debate the value of dilators openly called in question, if not denied.

So it is again; the “old, old story” told once more. He who sees the white side of the shield swears it is silver; he who is on the other side, will fight to maintain that it is gold! Still, nothing but good results from these intellectual jousts; comparison of experience, enlarged views, increased knowledge; therefore, we welcome such papers as this on placenta prævia, and mark them as among the best in the annals of our Society.

There are several other papers in the volume, but we must conclude. The remarks upon the preventive treatment of apoplexy, appended to the Report of the Final Illness of Dr. James S. Athon, by Dr. I. C. Walker, of Indianapolis, are well worthy of consideration, and should have been presented in a separate paper.

The paper upon Hysteria, by Dr. F. J. Van Vorhis, of Indianapolis, deserves a notice which we can not give it.

The appearance of the volume is creditable to the Society; binding, paper and type are excellent; but as to proof-reading, we should characterize it as execrable, did the pages bear evidence that there had been any at all.

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A Practical Treatise on Materia Medica and Therapeutics. By ROBERTS BARTHOLOW, M. A., M. D. New York: D. Appleton & Co. 1876.

Medical bookmakers are not greatly given to originality of matter or novelty of style, and it is refreshing to encounter a volume like the one under review, in which the author has departed from the beaten path. The plan of Dr. Bartholow's work differs from that of any with which we are acquainted. His classification is physiological, but in its scheme is unlike anything published in the English language.

Remedies used to promote constructive metamorphosis.

Remedies used to promote destructive metamorphosis.

Remedies used to modify the functions of the nervous system.

Remedies used to cause some evacuation from the body.

Topical remedies.

These are the five orders into which he divides therapeutical agents. To our mind no better classification has been suggested; indeed, it impresses us as decidedly the most convenient yet offered to the student of therapy. But, while expressing delight with this classification because of its convenience, we frankly confess our inability to coincide with the author in his cordial faith in physiological therapeutics. Physiology, doubtless, has a magnificent future. Its possibilities are immense. But, at present, it can not claim, with justice, to be more than a promising young science; and so far as practical medicine is concerned, it is certainly not yet developed beyond the *pupa* state. The author's manner of writing is clear and exceedingly concise, and if fault was found with it, dogmatism would most likely be the sin alleged against it. His excessive positivism, doubtless, arises from a naturally ardent nature, and an unbounded confidence in the puissance of drugs.

Avoiding tedious discourse on natural history and pharmacology, a condensed, but at the same time full account is given of the physical and therapeutical properties of remedies.

Instead of quoting the views of authors, Dr. Bartholow publishes his own opinions, educed from reading and clinical

observation; and at the end of each article a list of the authorities to whom he is indebted is given. This is a saving of time to the reader, while it is a proper acknowledgment to the authors.

In his descriptions of drugs, when it is practicable, he gives the properties and applications, and doses of some medicine representative of a class, and simply enumerates the names and doses of the other substances having similar powers. Thus, much space is saved. Too much time is given to the mineral springs of America and Europe; and the chapter on alimentation, though elaborately prepared and exceedingly voluminous, does not, in our judgment, add anything to the practical usefulness of the book. It is founded on physiological facts, or more truthfully speaking, on physiological experiments; and after a careful study of the diet tables and instructions as to food, we remain unshaken in the belief that the instinctive appetite of the patient is the safest of all guides in the selection of aliment for the invalid. The enthusiasts who offer the results of experiments made on cats and dogs and guinea-pigs, as indicating the correct method of feeding sick people, will not be accepted in this day as true prophets. On this point, however, the profession is by no means of one mind.

Both to the medical student and practitioner, Dr. Bartholow's book commends itself by its originality and modernness, and by its condensed form and the practical character of its contents.

The following extracts may prove of interest. Some of the statements are confirmatory of the teachings of previous writers. Others are the result of the author's personal observation. We give them without comment:

"Arsenic may cure epithelioma; is useful in scirrhus, and palliative in uterine cases."

"Eucalyptus, though an unequalled remedy in catarrh of the bladder, is a very inferior antiperiodic."

"Hydrastia stands next to quinia as an antiperiodic; is useful in all the conditions in which quinia is used, and is an excellent injection for gonorrhœa."

"Quinia performs its offices by means of its antiseptic powers; is an anti-ferment. It may produce permanent deafness. It arrests inflammation in its forming stage, and is excellent in scarlatina, variola, and rubeola."

"Alkalies, in the treatment of rheumatism, are losing ground; and quinia, blisters and cold baths give better results."

"A solution of common soda, freely applied, will often remove bromidrosis from the feet and axillary glands."

"The sulphites, vaunted by Polli, are of no avail."

"Blue Lick water (of Kentucky) is useful in abdominal plethora and obesity. Hemorrhoids and engorgement of the pelvic viscera are relieved by it, and excellent results are obtained from its prolonged use in glandular affections, hepatic, splenic, uterine and prostatic."

"Numerous cases of spina bifida have been cured by injection of tincture of iodine."

"Mercury increases the flow of bile, not by augmenting its secretion, but by producing reflex constriction of the gall-bladder, mechanically forcing out the bile."

"Scheffer's (Louisville) pepsin is the best of all pepsins."

"Spare women, by warm baths and inunctions of oil, may acquire flesh and roundness of form."

"Phosphorus is the best remedy for impotence. Oleum phosphoratum consists of twelve grains of phosphorus, and one ounce of olive oil. Dose, five to ten drops."

"Fowler's solution, in drop doses before meals, arrests the vomiting of pregnancy, and also the vomiting of chronic gastric catarrh from alcohol. Lienteric diarrhoea is cured by arsenic."

"Permanganate of potash relieves the condition in which lumbar pain, frequent micturition, and urine with profuse brick-dust sediment and intestinal indigestion, are associated symptoms."

"Chloride of gold and sodium in 1-20 grain doses, thrice daily, will relieve nervous dyspepsia; prevents decline of sexual power, cures sterility, and likewise weak and ineffectual erections and diurnal seminal emissions."

"Chloride of gold, in 1-20 to 1-30 grain doses, produces remarkable improvement in chronic Bright's disease."

"Seminal troubles that are relieved by gold, are aggravated by bromide of potash, and *vice versa*."

"Alum is the best cure for lead colic, and relieves the pain and nausea more certainly than any other remedy."

"Digitalis possesses great utility in scarlet fever. It lowers the temperature, and maintains the action of the kidneys."

"Belladonna has real curative power in erysipelas, and without doubt has power to arrest lacteal secretion."

"Opium is the most important agent we possess in the treatment of various inflammations."

"Aconite is of the highest value in the eruptive fevers, especially in scarlatina. It lowers the temperature, promotes diuresis and diaphoresis, and checks

nasal, faucial and aural inflammations. In measles it arrests the catarrhal pneumonia. In idiopathic erysipelas we have no better remedy; and in cerebral and spinal meningitis, prior to effusion, aconite is as serviceable as in other inflammations."

"Salicylic acid in typhoid, erysipelas, acute rheumatism, pneumonia, phthisis, etc., is only second to quinia as an antipyretic. For intermittents it seems nearly, if not quite equal to quinia."

"Aqua puncture is so decided in its relief of pain, that some physicians contend that the anodyne effects of hypodermic injections of morphia are due to the water, and not to the opiate. The injection of water, to be efficacious, must be near to the seat of pain. In facial neuralgia, sciatica, lumbo-abdominal neuralgia, lumbago, uterine colic, and irritability of the bladder, aqua puncture possesses extraordinary power. In paralyzed and wasting muscles, it promotes nutrition of the muscles and contributes to the regeneration of muscular power. Thirty to sixty minims of water should be injected at the painful points; and if no relief occurs in two minutes, repeat the remedy."

"An ingenious use of bicarbonate of sodium to produce emesis, applicable in narcotic poisoning: Sufficient soda is first swallowed, and immediately after a suitable proportion of tartaric acid is taken. Brisk effervescence ensues, thoroughly emptying the stomach."

Blood-Letting in Puerperal Eclampsia. By HENRY FRASER CAMPBELL, M. D., Corresponding Member of the Imperial Academy of Medicine at St. Petersburg, Russia, Professor of Surgery in the University of Georgia, etc.

This little treatise is the production of one of the first medical scholars of the South. Dr. Campbell, years ago, excited great interest in the profession by his researches in respect to the excito-secretory system of nerves in its relations to physiology and pathology. An essay which he wrote on the subject was awarded, in 1857, a prize by the American Medical Association. In the dark period that has intervened but little was heard of this promising writer, and it was, therefore, with no common feelings of pleasure that we received this pamphlet, reprinted from the American Journal of Obstetrics, and showing that the author is pursuing his old line of investigations. In the work before us he traces puerperal eclampsia to inordinate polarity of the receptive nerve centers. Those centers, in that excited or irritable condition, receiving an

impression from the irritated womb, give rise to convulsive movements in the muscles. Urea in the blood may act as an irritant, and congestion of those centers may lead to the same convulsions; but whatever the exciting cause, the pathological condition out of which the phenomena arise is undue polarity, or irritability of the cerebral surface, or the motor tract of the cord.

Dr. Campbell has written this treatise not so much in defense of the lancet as to show that its former use in puerperal eclampsia was justifiable on true principles of pathology, and that blood-letting was salutary. Other remedies have been substituted which, he believes, are preferable as being less exhausting, but he finds that the number of recoveries under their administration has not been largely increased. Sixty-five per cent. was the average of cures when blood-letting was the practice, and under our improved methods it has only risen to eighty-nine per cent. But if anæmia of the brain causes the convulsions, as some modern writers hold, how, asks Dr. Campbell, are we to explain the fact that any recovered under the old plan? Chloroform, chloral, the bromides, have certainly increased our success; but then these agents, it is known, diminish the quantity of blood in the brain, and their mode of action is a justification of blood-letting.

The cause of these convulsions, as in fact of all convulsions, being "centric and peripheral irritation, or exaggeration of reflex excitability," the indication of cure is "to quiet and to subdue irritation." For this purpose we possess no remedy equal to opium, which in some form is readily applied either under the skin or by the rectum. The lancet, in Dr. Campbell's judgment, comes next, and in some cases is "utterly indispensable—the most reliable of all our reliances." The *modus operandi* of our new remedies—chloral, the bromides, etc.—is in the same direction; they are sedatives, "the subduers of nervous irritation."

The argument of the author is clear and convincing. He shows that the cause of this disease is not anæmia nor uræmia, though a toxic element in the blood may sometimes give rise

to it. The reader would catch the meaning of his sentences a little sooner, perhaps, if they were not quite so long; but the style of the pamphlet is not only vigorous but elevated and eloquent. It will be followed soon, we hope, by papers on other subjects, which will add to his fame as well as enrich medical science.

Clinical Studies of Disease in Children. By EUSTACE SMITH, M. D., London, Fellow of the Royal College of Physicians, etc. Philadelphia: Lindsay and Blakiston. 1876.

This book is attractive in form. Its binding, typography, paper, etc., give it a remarkably neat appearance, and its size is such that it is as convenient for the doctor to hold after a weary day's work, as one of the volumes of Daniel Deronda, and—may "George Eliot" in her great mercy forgive us if we have sinned—quite as interesting in the perusal.

We need in diseases of children more just such books as Dr. Smith has given us—not just now any other great volumes like the encyclopædic collection of Bouchut, of Meigs and Pepper, that sometimes prove exhaustive in an additional sense, but books devoted to the study of particular diseases; books that are portable, and that we can have with us when we are going our daily rounds, or in longer travel, or off on our recreations, dipping into a volume in casual minutes and feeding our knowledge by the way with new truths and experiences, making the most of the hours that hurry away so fast and of the days that die so soon. Large books have their uses, and we can not give them up; but, oh! publishers, let not your presses be groaning forever under "Ziemssen," "Gross," "Holmes," "Aitken," and many others of the great big volumes, without which no physician's library is said to be complete; but let them throw off now and again such a gem—not less admirable in its setting than in itself—as "Eustace Smith."

These "Studies" occupy nearly three hundred pages, and

are included in ten chapters. The first of the chapters is devoted to some of the peculiarities of disease in children, and to general remarks on diagnosis, prognosis and treatment. In taking the temperature of the patient, Dr. Smith prefers the rectum to the axilla, as more convenient, and more reliable in the result. He also remarks: "Very slight causes will, in infants, produce a remarkable increase of heat; and during natural dentition, just before the passage of the tooth through the gum, a temperature of 104° or 105° F., even in the morning, is not at all an uncommon circumstance. Besides, the normal temperature of young children is rather higher than that of the adult. In a perfectly healthy child of three or four years old the thermometer will often register a temperature of $99\frac{1}{2}^{\circ}$."

In speaking of treatment, he well observes that this "does not consist entirely, or even principally, in the administration of medicines." He refers to the alkalies as of singular value in the treatment of diseases of young children; this remark applying to many of the acute, and also especially to the chronic maladies. The second chapter is devoted to collapse of the lung, four cases being narrated.

The succeeding chapters are occupied with the consideration of croupous pneumonia, pleurisy, acute catarrhal pneumonia, chronic catarrhal pneumonia, and unabsorbed pneumonic deposits; pneumonic phthisis, cirrhosis of the lung, acute general tuberculosis, tubercular meningitis, and tubercular peritonitis.

Finally, an excellent index is appended, the completeness of which is indicated by the fact that it occupies eleven pages.

Micro-Photographs in Histology, Normal and Pathological. By CARL SEILER, M. D. Philadelphia: J. H. Coates & Co. August, 1876. No. V. Price 60 cents per number; \$6.00 per annum.

In this number, in the first plate, No. XVII, is seen the injected kidney of a mouse, magnified thirty diameters. The

general shape is similar to the human kidney, and the malpighian corpuscles are seen as black spots in the cortex. The tubes and vessels from the cortical portion are seen converging at the pelvis. Plate XVIII is a pathological specimen of chronic nephritis. The tubules are filled with albuminoid substance, and the granular mass exhibited on cross section has in places undergone fatty degeneration, and the same process is seen to have occurred in the adjacent connective tissue. Plate XIX, showing the glomeruli, is good so far as it goes, the afferent vessels only being seen. Plate XX exhibits crystals of urea as well as one would wish to see them.

The three plates relating to the kidney are not perfect, but will be an aid in obtaining a knowledge of the minute anatomy and diseases of the kidney, and a serviceable review for those versed in histology.

The Theory and Practice of Medicine. BY FREDERICK T. ROBERTS, M. D., etc. Second edition from the last London edition, revised and enlarged. Philadelphia: Lindsay and Blakiston, 1876.

The first edition of this book has been most favorably received by the profession in Great Britain and in this country, and similar success undoubtedly awaits this second edition, for it is an excellent work, excellent for the student and for the practitioner.

Were we disposed to be critical, we should dispute the *implied* statement (page 82) that the *corpus luteum* results from a blood-clot; we should object to the omission of cinchonidia as a remedy in intermittent and remittent fever, of salicylic acid in rheumatism, of quinia in cerebro-spinal meningitis; and we should express a doubt as to whether western and southern physicians would agree with the author in his statement that "remittent fever usually lasts from five to fourteen days;" or whether they, in the treatment of this disease, would do as he directs, wait for a remission, and then give fifteen or twenty grains of quinia every two hours.

Clinic of the Month.

TREATMENT OF ECZEMA.—The following is an extract from one of Dr. L. P. Yandell's excellent clinical lectures on Diseases of the Skin, in the Louisville Medical News:

The crustæ are the skin troubles characterized by crusts. Under this head we might discuss the vaccine and small-pox and rupia and itch crusts, but only the latter is a skin disease proper, and it will be treated of in a subsequent discourse.

Eczema in its various forms is the sole dermatitis I ask your attention to in this connection. Eczema means literally a boiling up or a boiling over. It is a moist eruption in its earlier stages, but becomes finally, in certain situations and under certain conditions, a dry eruption. The drying of the moist exudation of eczema produces the crusts; observe they are crusts, not scales. They are met with on all parts of the body, and the various eczemas obtain their names from their location, color, or some other feature. Under the moisture and crusts you find a red, raw surface; itching is usually decided and often tormenting. Smarting pain exists in some cases. The eczema you see in the leg pictured in the Sydenham plate is called *E. rubrum*, or red eczema, from its color. It is also called weeping sore-leg, because in some cases you have a serous exudation trickling down the leg like tears. *E. rubrum* is probably always associated with varicose veins. You notice them in the picture. An astringent and anodyne ointment on the leg, and a well-applied roller bandage, together with such constitutional treatment as may be indicated by deranged organs and functions, will heal this eczema, though often it is most obstinate.

Eczema capitis and faciei you see on the face and head in the picture, and in these two little children. In one of them you notice eczema on the neck also. You have in both these cases crusts, moisture, redness, itching. The children are rosy and vigorous-looking; but on inquiry of the mother we learn that the little ones are teething; and furthermore, that in one the itching is most intense about four o'clock P. M., and in the other the pruritus is most vexatious at night. In these patients there probably existed latent malaria and the irritation of dentition to erupt as an eczema. Cold, indigestible food, or lice, might have produced the same result, the malaria being present. Quinia is the remedy for acute eczema in a vast majority of cases. Arsenic and other antiperiodics may substitute it. Iron is always needed. Calomel in cathartic doses promotes recovery. Local treatment is not without benefit. These children will get the following prescriptions:

℞ Tannin, gr. x;
 Morphia, gr. ij;
 Carbolic acid, gr. ij;
 Benzoated oxide-of-zinc ointment (any
 other unirritating ointment might do as
 well), ʒ i.

Mix thoroughly and apply to the eruption. No soap must be used, and washing even with simple water should be done as seldom as possible.

℞ Calomel, gr. x;
 Bicarb. soda, gr. l.

Mix and make ten powders. Give one thrice a week at bedtime.

℞ Sulphate of quinia, ʒ i;
 Tannin, gr. xv;
 Syrup of tolu, ʒ iij.

Mix carefully. Direct to shake well before administering, and give each child four teaspoonfuls daily, the last to be taken two hours before the period of severe itching is expected to commence. The first dose is to be given four to six hours preceding the last. Properly compounded, this is a tasteless

mixture, and therefore excellent for children. It is readily absorbed. It seldom nauseates. One of these children is two and a half years old; the other is a year younger. Children bear and require larger doses of quinia in proportion than adults. The antiperiodic treatment will be followed by the ferruginous and bitter tonics. As to diet, the children should have whatever they will eat. Meat and fruits are especially good for them. Never put on low diet any of your patients with skin diseases, and encourage all to use fats.

Chronic eczema may be mistaken by the careless observer for psoriasis. Psoriasis has silvery scales; eczema has crusts. Psoriasis is always dry; eczema is always moist in its earliest stages. Psoriasis is worst in winter; eczema is often worst in summer. Psoriasis almost invariably exists on the knees when the disease affects the lower limbs, and on the elbows when the trunk is affected; eczema does not especially affect the knees and elbows. Eczema, as a rule, tends to recovery; psoriasis remains stationary or increases. Eczema is generally associated with some functional or systemic disturbance; psoriasis is often found in persons apparently otherwise in perfect health. Eczema is peculiar to no diathesis; psoriasis is a scrofulide, and evidences of the strumous diathesis may always be discovered by careful examination. The spots of psoriasis are smooth-edged, clean-cut in their roundish and ovoid shapes; the spots of eczema are irregular, rough-edged, unsymmetrical, and always rough on top. The psoriasis scales are often smooth to the touch. Remembering these distinctions, diagnosis is without difficulty.

TREATMENT OF FRACTURED PATELLA BY SANBORN'S METHOD.
Dr. M. A. Morris, Boston Medical and Surgical Journal, October 5th, gives this valuable report:

The following case occurred in the service of Dr. D. W. Cheever, at the City Hospital, while the reporter was serving under him as house surgeon: On the 30th of November, 1872, C. F., aged forty-five years, a stout, muscular laborer, fell on the street while intoxicated, and fractured his left pa-

tella. The bone was broken transversely through its middle, and the lower fragment longitudinally, making a T-shaped fracture. The interval between the upper and lower pieces was three-quarters of an inch, and that between the two lower fragments was very slight indeed. The amount of swelling about the joint was moderate. The limb was put on an inclined plane, with the heel well raised, in a long fracture-box, which extended two-thirds of the way up the thigh, and an evaporating lotion and a figure of eight bandage were applied. On the tenth day Sanborn's method was adopted. (This consists in sticking a long strip of plaster to the anterior surface of the thigh and leg, and securing it by a neatly-adjusted bandage; a loop is left over the knee-joint; under this loop and above the upper fragment is placed a pad or a roller bandage, and another in the same manner below the lower fragment. A piece of stick is inserted into the loop, and by twisting the loop by means of the stick the rollers are forced towards each other and drag the fragments of the patella with them.) By this means the fragments were kept in almost perfect apposition, there being only a tendency of the broken ends to tilt upwards; this was overcome by the pressure of a bandage passed around the joint. On the forty-fourth day a dextrine bandage was applied, and the patient, a few days later, was allowed to go about the ward on crutches, and, two weeks afterwards, to his home, the fracture having apparently united by bone. There was ankylosis of the knee-joint, but he refused to have passive motion practiced. Not long since this man stopped the writer on the street, and pulled up the leg of his pantaloons to show how perfect his knee-pan was. The utmost care was required to discover that ligamentous and not bony union had taken place. At first the attempt to obtain motion between the fragments failed, it was so limited. It is now nearly four years since the accident occurred, and the patient declares that the limb is as strong and perfect in every way as it ever was.

About ten months ago the writer saw a young lady, twenty-four years old, who, in stepping from a train, slipped and fell,

striking the left patella against the platform, while the limb was flexed, causing a fracture of the knee-pan through its lower third transversely. Sanborn's method was adopted in this case, and when the apparatus was removed at the end of seven weeks the space between the fragments was probably less than a tenth of an inch. The patient was advised to keep the limb in a straight position, and two weeks later an elastic knee-cap was adjusted.

Regarding the time when passive motion should be commenced, Sir Astley Cooper and others say that it should be carefully employed at the end of five weeks in adults, and a week later in elderly subjects.

Bryant says: "To allow the patient to flex the limb under three months is a hazardous proceeding, for the uniting ligament is sure to be stretched and elongated, and the limb weakened." Erichsen is of the same opinion.

THE USE OF THE OPHTHALMOSCOPE IN INSANITY.—The Dublin Journal of Medical Science, from the *Annales Medico-Psychologiques*, for March, has the following:

Dr. Jehu, of Leigburg, has recently published a series of ophthalmoscopic observations made on 153 cases of different forms of mental alienation, with the following results: 40 cases of melancholia, 17 of mania, 14 of monomania, 19 of dementia, and 16 epileptics were examined, and the anomalies discovered were quite independent of the brain lesion, and included myopia, floccular opacity of the vitreous, alteration in visual accommodation, etc. The ophthalmoscope did not reveal any lesion characteristic of any one or other form of mental derangement; but in a small number of cases a common lesion, affecting the circulation of the papilla and retina, was found concomitantly with a congestive state of the head. Thus, in four cases of melancholia, with intermittent congestion of the head, the posterior plane of the eye participated in the congestion; it was red, the vessels engorged, the veins sinuous and more dilated than the arteries. In these cases the pupils were dilated. The same appearances were found

in a maniac and two monomaniacs during a period of intense congestion of the head. The examination was entirely negative in demented and epileptics, except in the case of one demented who presented atrophy of the optic nerve, contrary to what has been asserted by Kostl and Kiemetschek. Whenever inequality of the pupil existed it did not indicate any pathological condition of the fundus oculi. In forty-seven general paralytics examined, M. Jehu has found atrophy of the optic nerve four times at both sides, and three times at one side; eight times the atrophy showed itself by a white coloration, with diminution and contraction of the vessels. In all the cases, with the exception of four, the examination showed that the atrophy comes on early in the disease, but not sufficiently so, however, to aid in the diagnosis at the period before there is any appreciable anomaly of the faculties. The optic atrophy and the cerebral *ramollissement* are not developed coequally. The inequality of the pupils observed in the generality of cases does not count as a point in the march of the atrophy. Amongst the forty-seven paralytics observed, the state of the pupils did not corroborate the assertion of Allbutt, that after the contraction of the pupils the development of the atrophy and dilatation was slower.

SALICYLIC ACID.—Professor H. Köhler, of Halle, states that all the remote therapeutic effects of this remedy may be obtained by administering its salt, the salicylate of soda. The latter is not an antiseptic, and where such is desired, the acid itself must be used. To prevent zymotic action in the blood it is of little or no use, as the acid enters the circulation only in the form of salicylate of soda, which latter has no anti-zymotic virtues. The salt is a most powerful febrifuge, and is by him regarded as even better than quinia in this respect. It will reduce the temperature in fevers with remarkable uniformity, and is very much more convenient to administer than the acid. In rheumatic fever it acts admirably, but is not so good an antiperiodic as quinia in malarial diseases. (Medical and Surgical Reporter.)

Notes and Queries.

SHIPPEN'S LECTURES ON MIDWIFERY.—In this Centennial year of American independence, and especially after our great International Medical Congress, it is natural to revert to the work of the Fathers of American Medicine. On our own part this feeling is just now receiving a fresh stimulus in having before us a manuscript copy of Professor William Shippen's lectures on midwifery.

Dr. Shippen returned to Philadelphia from London, where John Hunter had taught him anatomy and surgery, and William Hunter and Mackenzie had been his obstetric teachers; and from Edinburgh, where he had been under the teaching of Cullen and the elder Monro, and where he was graduated; and just one hundred and fourteen years ago inaugurated medical teaching in this country. At that time and for many years afterward, he taught anatomy, surgery and midwifery.

The copy of his lectures on midwifery, to which we have referred, was made in 1781. The number of lectures is twenty-four.

The introductory is chiefly devoted to "the different authors on midwifery." Hippocrates is declared "the first man midwife." After reference to him and his teaching, we next have Celsus brought forward. Then by long transition we are brought to Paré, "who wrote a short treatise, but scarce worth purchasing." Mauriceau is commended, so are Chamberlen, La Motte, Deventer, Portal, Chapman, Maubray, Burton, Gifford, and Ould, and their special contributions to obstetrics referred to. He speaks of the best British obstet-

ric teacher of the eighteenth century thus: "Smellie* is a good practical writer, and his observations are in general to be depended upon. His directions for using the forceps are judicious, though not perspicuous. However, he is not always to be followed, since he recommends using the forceps where the head is high up, at which time they should never be used." Then follows an account of the improvement in the instrument made by him. Both in the warning given as to the use of the forceps, and in various other passages in these lectures, we see how thoroughly indoctrinated Dr. Shippen was with the teachings of William Hunter, whom Tyler Smith has so commended as the founder of the *physiological* school of obstetrics, and who for a while in practice pushed his worship and waiting upon nature to such an extreme in reference to the delivery† of the placenta.

In connection with his description of the external organs of generation, Dr. Shippen gives the following direction as to the introduction of the catheter: "Place the instrument in the groove between the nymphæ, then pass the end down a little way till you meet with some obstruction, which is no other than the protuberant surface of the meatus, and if you humor it a little, it will easily slip into the passage," etc. "Humor it a little!" Just the word—just the way, as every doctor who has tried knows.

Not much can be said in favor of Dr. Shippen's theory of

* In Hutchinson's *Biographia Medica*, London, 1799, this curious fact—probably little known to-day—is mentioned: "Smellie was at one time seriously endeavoring to substitute wooden forceps in the place of the steel ones, and actually made several experiments with them, and, as he says, with success."

But Smellie's big blunder was calling *Lithopædus Senonensis* an obstetric author, when *lithopædii senonensis* icon was simply the representation of a petrified substance; a blunder which Dr. Burton, of York, so severely criticized; a blunder, too, which Sterne has perpetuated, as readers of *Tristram Shandy* will remember.

† "Teaching that nature, unassisted, was adequate to the expulsion of the placenta in every case, he never interfered; but experience, says Dr. Hamilton, soon taught him the error of this position; for by suffering the placenta to remain too long, he lost five patients of rank in one year." (James's Burns.)

impregnation as thus given: "It is probable in the act of coition the more volatile parts of the semen, after being received into the fallopian tubes, are conveyed by the vessels lining their inner surface into the ovaria, whereby an ovum becomes impregnated, which being enlarged by a proper nutriment, breaks through the external coat of the ovarium."

In speaking of Labor and its Management, after stating that "the old have generally hard labor," etc., he adds, "and hence their labors may go some days without having recourse to art, which must be avoided as much as possible."

Further on he remarks, "timorous women must be soothed, and the hump-backed kept in a chair, as they breathe with difficulty in a horizontal posture." "All weak, delicate women are subject to floodings, and, therefore, should be delivered naked in bed, with proper cloths under them, to avoid any disturbance in undressing them."

In reference to the delivery of the placenta, his teaching was decidedly Hunterian; he says that "there are instances where the placenta was retained in the uterus seven days or more, and then expelled without danger."

The Third Class of Preternatural Labors, in Shippen's order, includes presentations of the back, belly, and shoulders. Podalic version is the treatment he advises, and he explicitly states that if there be difficulty in performing it, "the woman may be placed upon her knees, which will greatly relax the abdominal muscles."

Do the younger obstetricians of to-day all know what "a sheath case" is? Dr. Shippen remarks, in speaking of transverse presentations, "If the waters have been gone a long time, and the uterus contracted like a sheath around the body of the child, it is then called a *sheath case*."

In regard to the management of women after delivery, he remarks, that "formerly it was customary to swathe the abdomen, but now the petticoat with the broad band is thought to be preferable;" "the breasts should be covered with flannel or rabbit skins;" "a bladder of warm water, or a galbanum plaister applied to the abdomen for after pains;" "wine

caudle, given for the first three or four days, if the woman is not liable to inflammation," etc.

But we must terminate our notice. In reading the old authors in medicine we are sometimes tempted to smile at some of their queer faiths and practices, and pride ourselves upon our greater knowledge. But let us repress our mirth and humble our pride with the truth recently so well uttered by Dr. Maudsley: * "No doubt in the future, as in the past, the knowledge of one period will sometimes appear foolishness at a more advanced period of human evolution—the truth of one age become the laughing-stock of the next; but we may profitably reflect that decaying doctrine had its use in its day, and it may teach us modesty to consider that much which has its place in our mental organization now, and is serving its proper end in the development theory, will one day probably be put aside as obsolete belief. Let it be our prayer that when that day comes, and this generation comes up for critical judgment as a historical study before the tribunal of posterity, it may be justly said of it that it has done as much for the progress of mankind as some of the generations upon which the wisest of us look back perhaps with indulgent compassion, and the unwise among us with foolish scorn."

FOREIGN APPRECIATION OF THE LABORS OF DR. J. S. BILLINGS.—In the British and Foreign Medico-Chirurgical Review, October, there is a very favorable notice of the Specimen Fasciculus of a Catalogue of the National Medical Library. In the course of the notice it is stated that "by the energy and unflagging perseverance of Dr. Billings, a comparatively small and little known library at the Surgeon-General's office has rapidly developed into a magnificent collection of medical works of all nations, well deserving the recently assumed title of 'The National Medical Library,' though essentially the medical section of the Library of Congress."

In concluding, the writer observes: "We heartily wish Dr. Billings health and success in carrying out this vast

* This is an extract from the very able and admirable introductory lecture delivered at University College, October 2, 1876.

amount of labor in the interests of his professional colleagues; and we feel we can do him no better service than by calling the attention of our readers to his desire to further enrich his library both by independent treatises and by the more ephemeral literature of the present and past days, to his readiness to receive donations of works, and to his courtesy in acknowledging them."

This just tribute will be heartily endorsed, and these kindly wishes promptly echoed by every physician who knows the worth and work of Dr. Billings. The duty of American physicians in regard to this work is plain and positive. Let them see to it by personal appeal to individual members of the United States Congress, if necessary, that sufficient appropriations are made for its completion.

DOUBLE MONSTER.—An interesting teratological specimen was recently observed in the practice of Dr. J. D. O'Brien, of Pembroke, Ky., and the doctor has promised the Practitioner a description of it. It probably belonged to the class of double monsters, and to that particular kind which has been described by Vrolik under the title of *anterior duplicity*. Vrolik observes "that the most complete examples of duplicity yet known are found in this class, whose distinctive characters are, that two bodies, in a state of nearly equal development, are placed exactly opposite to one another, with their sterna connected together, and with their abdominal cavities either partially or completely coalesced. Here, however, as in all the other classes, examples are found of gradations towards a state of singleness."

DEATH OF DR. A. G. WALTERS.—Dr. Walters, of Pittsburgh, died of pneumonia on the 14th of last month. He was a native of Prussia, a graduate of the University of Berlin, and had been residing in Pittsburgh since 1841. Dr. Walters, sixty-five years old at his death, was a man of no ordinary abilities and attainments, and achieved great eminence as a surgeon, not only by brilliant operations, but also by his many contributions to surgical literature.

DR. CARSON IN REPLY TO DR. BARTHOLOW.—We hoped this discussion was over, but Dr. Carson has sent the following, requesting its insertion:

Editors Practitioner: It is scarcely necessary for me to notice Dr. Bartholow's last communication in your September number, as you have called attention to the typographical error which afforded Dr. Bartholow the slenderest possible foundation for the toppling mass of epithet behind which he endeavors to hide his palpable contradictions. But as Dr. Bartholow desires a correction, I shall gratify him. The typographical error was doubtless evident to every one who read my article. It consisted in putting *depuration* for *deposition* in the paragraph quoted from Dr. Bartholow's recent work on Therapeutics.

Dr. Bartholow chose the action of digitalis as an illustration of the principle of "physiological antagonism" in the treatment of "pneumonia," and presented their opposition in the following form:

DIGITALIS.

Exudation checked or prevented by the
heightened tonicities of the vessels.

PNEUMONIA.

Exudation of fibrinous material.
Migration of white blood corpuscles.

The reading of this is that digitalis checks or prevents exudation by heightening the tonicities of the vessels. In pneumonia there are exudation of fibrinous material and migration of white blood corpuscles; therefore digitalis antagonizes these conditions in pneumonia. Then let us add what, on page 14 of the Seguin lecture, follows the Doctor's tabular statement, in precisely his own language:

"There are two periods, speaking from the point of view of my personal experience, in which digitalis renders the most important service in pneumonia, viz., during the stage of hyperæmia and *exudation*, to limit the area of the inflammatory action, and at the period of crisis to maintain the power of the heart."

This means, if it means anything, that digitalis limits "the area of inflammatory action" in pneumonia, by controlling

hyperæmia and *exudation* (of fibrin and white blood corpuscles; see the Doctor's table of opposites above).

We now add the quotation from Dr. Bartholow's work on Therapeutics, page 275. Both the lecture and the book were published in 1876:

"That digitalis has any power to prevent the *deposition* of fibrinous material, to *prevent* or *check the migration of the white blood corpuscles*, or to arrest the multiplication of the cellular elements of inflamed parts, seems to the author highly improbable."

Now no amount of personal abuse of me, or substitution of irrelevant topics, can reconcile this contradiction. Is this antagonism of statement pathological? or is this the physiological play of a many-sided and flexible intellect?

The profession have a right to ask as to the exponent of medical doctrines, Is he honest? Manifest and intentional avoidance of the true and fair issues of criticism, and the substitution of epithet for argument, do not constitute elements of honesty or courage. The profession have also a right to ask, Is he capable? Imperfect knowledge of general and special pathology; hasty adoption of crude theories; investing remedies with preconceived qualities, with wonderful facility for finding the occasion for the precise adjustments required; misunderstanding and misstatements of the certainties of medicine, and thereby misleading the untrained or unsuspecting minds of the profession; and failure, in proper clinical basis, for statements that can not be accepted without something more than doubtful assertion, constitute capacity for mischief only. Practical and honest medicine is unduly weighted every day by such obstructions.

Cincinnati.

WILLIAM CARSON.

BILLINGS, CLAPP & Co.—Visitors to the Centennial, especially those of the medical profession, could not fail to be struck with the handsome display made by this celebrated Boston firm of manufacturing chemists, the successors of James R. Nichols & Co.

OPIUM ANTIDOTES EXPOSED.—We copy from the Boston Medical and Surgical Journal, of October 26th, the following, and urge the especial attention of our Indiana subscribers:

In the month of August last, Dr. George F. French, of Portland, Maine, was applied to by an opium-eater who asked his advice about a preparation advertised as a sure cure for the opium-habit. Naturally being suspicious of such an article, he sent to the manufacturer, Mrs. J. A. Drollinger, of La Porte, Ind., for a sample bottle. This was furnished, but, as we understand, the proprietress declined to give any information as to its composition, saying, however, that it "is harmless when taken as directed," and "does not contain opium in any form." Failing to be satisfied with this assertion, the doctor applied such chemical tests as he conveniently could and got the reactions of morphia. But to make assurance doubly sure, and to supplement and confirm the chemical test by a physiological one, he secretly administered a small dose of the antidote to a person who had a peculiar idiosyncrasy with reference to opium. The speedy result was, as had been anticipated, a manifestation of the symptoms which in this individual had always followed the exhibition of opium, namely, suffusion of the eyes, loss of voice, pain in the head, and insomnia. Dr. French then reported these facts to the Cumberland County Medical Society, which, at his suggestion, at once appointed a committee to further investigate the matter, and voted to bear the expense of whatever analyses might be necessary. At the regular meeting of the society in September the committee presented the following report:

The committee to whom was assigned the duty of investigating the so-called "opium antidote" prepared by Mrs. J. A. Drollinger, of La Porte, Indiana, beg leave to report that a sample bottle of the article, which was obtained directly from the manufacturer, was sent to Dr. Edward R. Squibb, of Brooklyn, N. Y., for quantitative analysis. His onerous engagements rendered it impossible for him to conduct the investigation in person, but he sent the specimen to Messrs. Walz and Stillwell, chemists, New York, a firm which he

thoroughly confides in and endorses. So deeply interested did he become in the project that he insisted upon bearing the expense of the analysis, in spite of the committee's expressed unwillingness to have him assume such a tax.

Walz and Stillwell report that "this sample is glycerine colored with aniline red, and containing in solution crystallized sulphate of morphia, 1.383 per cent. by weight"—about seven grains to the ounce.

While this investigation was progressing, the committee found another alleged "opium antidote," prepared by "Dr. S. B. Collins, the Great Narcologist of the Age," likewise of La Porte, Indiana. A specimen of this was submitted to Dr. Henry Carmichael, Professor of Chemistry in Bowdoin College and Assayer of the State of Maine, who arrived at the following conclusions:

- "1. The opium antidote contains morphine.
- "2. The morphine is combined with sulphuric acid.
- "3. The sulphate of morphine amounts to 3.2 per cent., or fourteen grains to the ounce."

Dr. Walz says that he made an analysis of Collins's "antidote" in 1871, and found that it contained morphia, though he did not ascertain the quantity.

In conclusion, your committee respectfully suggest that the society take some action which will result in the wide dissemination of the information which has been acquired concerning these dangerous preparations.

Frederick Henry Gerrish, George F. French, and Thomas A. Foster, committee.

The society instructed the committee to present their report to some prominent medical journal, and, if it seemed to them advisable, to give the public warning of the danger to which it is exposed through the newspapers of the state. A vote of thanks was passed to Dr. Squibb for his generous assistance.

The importance of this exposure is too obvious to require any extensive comment on our part. Physicians now have something better than general reasons to offer their patients

when warning them to shun such nostrums. The profession will not be insensible to the valuable service which the Cumberland County Medical Society has rendered it and the community, and it is to be hoped that other similar bodies will be encouraged to display equal enterprise and spirit. There is a great opportunity for our brethren in the region of La Porte to distinguish themselves as guardians of the health of the people, and we trust that they will not be slow to follow up the track so well opened by their fellows in Maine.

PROFESSOR THOMAS G. PRIOLEAU.—The Charleston Medical Journal announces the death of this venerable physician. Doctor Prioleau was a graduate* of the University of Pennsylvania, and one of the founders of the Medical College of South Carolina, in which school he held the chair of obstetrics until a few years ago. He was nearly ninety years of age, but retained full possession of his faculties to the last.

WARNER'S SUGAR-COATED PILLS.—Wm. R. Warner & Co. have received the Centennial award for their soluble sugar-coated pills. This is the third World's Fair prize attesting the superiority over both home and foreign competition, of these preparations.

TO CONTRIBUTORS.—Papers have been received from Dr. Robert Battey and from Professors Pooley and Thompson, which will appear in our next number.

TYPOGRAPHICAL ERROR.—In the foot-note, page 219 of the last number of this journal, the date 1526 should be 1826.

*In looking over the Medical and Philosophical Register, Vol. V, 1808, we find that Dr. Prioleau was graduated that year, and among his associates were W. P. C. Barton, Samuel Jackson, Isaac Heister, and Thomas Worthington.